

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Western District Of Virginia

Case number (If known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Joseph

First name

T. C.

Middle name

Wobbe

Last name

Suffix (Sr., Jr., II, III)_____
First name_____
Middle name_____
Last name_____
Suffix (Sr., Jr., II, III)**2. All other names you have used in the last 8 years**

Include your married or maiden names.

Joe

First name

Middle nameWobbe

Last name

First name_____
Middle name_____
Last name_____
First name_____
Middle name_____
Last name_____
First name_____
Middle name_____
Last name**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**XXX - XX - 7 4 5 9

OR

9 XX - XX - _____

XXX - XX - _____

OR

9 XX - XX - _____

Debtor 1 **Joseph T. C. Wobbe**
First Name Middle Name Last Name

Case number *(if known)* _____

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<p>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</p> <p>Include trade names and <i>doing business as</i> names</p>	<p><input checked="" type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name _____</p> <p>Business name _____</p> <p>EIN ____ - ____ - ____ - ____ - ____</p> <p>EIN ____ - ____ - ____ - ____ - ____</p>	<p><input type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name _____</p> <p>Business name _____</p> <p>EIN ____ - ____ - ____ - ____ - ____</p> <p>EIN ____ - ____ - ____ - ____ - ____</p>
<p>5. Where you live</p>	<p>304 Mineral Springs Drive <small>Number Street</small></p> <p>Front Royal VA 22630 <small>City State ZIP Code</small></p> <p>WARREN <small>County</small></p> <p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p> <p>Number Street _____</p> <p>P.O. Box _____</p> <p>City State ZIP Code _____</p>	<p>If Debtor 2 lives at a different address:</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>County _____</p> <p>If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.</p> <p>Number Street _____</p> <p>P.O. Box _____</p> <p>City State ZIP Code _____</p>
<p>6. Why you are choosing <i>this district</i> to file for bankruptcy</p>	<p><i>Check one:</i></p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. <small>(See 28 U.S.C. § 1408.)</small></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><i>Check one:</i></p> <p><input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. <small>(See 28 U.S.C. § 1408.)</small></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☐ No
- ☒ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?**

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☒ No. Go to line 16b.
☐ Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☒ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/Joseph T. C. Wobbe

Signature of Debtor 1

Executed on 08/21/2019

MM / DD / YYYY

X

Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1 Joseph T. C. Wobbe
First Name Middle Name Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/Douglas W. Harold, Jr. Date 08/21/2019
Signature of Attorney for Debtor MM / DD / YYYY

Douglas W. Harold, Jr.
Printed name

Douglas W. Harold, Jr., Attorney at Law.
Firm name

1114 Fairfax Pike, Suite 10
Number Street

White Post VA 22663-
City State ZIP Code

Contact phone (540) 869-0040 Email address douglasharold@verizon.net

19533 VA
Bar number State

Fill in this information to identify your case:

Debtor 1 **Joseph T. C. Wobbe**
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF VIRGINIA**

Case number _____
 (If known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1**Chapter 7 Statement of Your Current Monthly Income**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse								
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ _____	\$ _____								
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ _____	\$ _____								
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ _____	\$ _____								
5. Net income from operating a business, profession, or farm	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ _____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ _____ — \$ _____</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td>\$ _____</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ _____	Ordinary and necessary operating expenses	— \$ _____ — \$ _____	Net monthly income from a business, profession, or farm	\$ _____	Copy here → \$ _____
Debtor 1	Debtor 2									
Gross receipts (before all deductions)	\$ _____									
Ordinary and necessary operating expenses	— \$ _____ — \$ _____									
Net monthly income from a business, profession, or farm	\$ _____									
6. Net income from rental and other real property	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ _____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ _____ — \$ _____</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ _____</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ _____	Ordinary and necessary operating expenses	— \$ _____ — \$ _____	Net monthly income from rental or other real property	\$ _____	Copy here → \$ _____
Debtor 1	Debtor 2									
Gross receipts (before all deductions)	\$ _____									
Ordinary and necessary operating expenses	— \$ _____ — \$ _____									
Net monthly income from rental or other real property	\$ _____									
7. Interest, dividends, and royalties	\$ _____	\$ _____								

Debtor 1 **Joseph T. C. Wobbe**
 First Name Middle Name Last Name

Case number (if known) _____

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____ ↓

For you _____ \$ _____

For your spouse _____ \$ _____

\$ _____ \$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ _____ \$ _____

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

Total amounts from separate pages, if any. + \$ _____ + \$ _____

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ _____	+	\$ _____	=	\$ _____
				Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. _____ Copy line 11 here → \$ _____
 Multiply by 12 (the number of months in a year). x 12
 12b. The result is your annual income for this part of the form. 12b. \$ _____

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. _____

Fill in the number of people in your household. _____

Fill in the median family income for your state and size of household. _____ 13. \$ _____

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.
- 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/Joseph T. C. Wobbe
 Signature of Debtor 1

X _____
 Signature of Debtor 2

Date 08/21/2019
 MM / DD / YYYY

Date _____
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.
If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 **Joseph T. C. Wobbe**
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF VIRGINIA**

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 122A-1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.” Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?

- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?
 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. **Are you or have you been a Reservist or member of the National Guard?**

- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Fill in this information to identify your case:

Debtor 1 **Joseph T. C. Wobbe**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western District Of Virginia**

Case number
 (If known) _____

☐ Check if this is an amended filing

Official Form 108**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Wells Fargo Home Mortgage Description of property securing debt: Front Royal house	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <u>will continue w/ payments per contract.</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: Specialized Loan Servicing, LLC Description of property securing debt: Woodstock house (vacant)	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: Bank of America Description of property securing debt: Woodstock house (vacant)	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: Wells Fargo Dealer Services Description of property securing debt: 2012 BMW X-5 with 110,000 miles.	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <u>will continue w/ payments per contract.</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Your name **Joseph T. C. Wobbe**
First Name Middle Name Last Name

Case number (If known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: TG Land Holdings, LLC	<input checked="" type="checkbox"/> No
Description of leased property: See Attachment 1	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/Joseph T. C. Wobbe

Signature of Debtor 1

X _____

Signature of Debtor 2

Date **08/21/2019**
MM / DD / YYYYDate _____
MM / DD / YYYY

Attachment
Debtor: Joseph T. C. Wobbe Case No:

Attachment 1

Contract for rental home for debtor and family - entered into to ensure that housing would be available if principal residence in Front Royal is taken by trustee to pay toward debts.

Fill in this information to identify your case:

Debtor 1 Joseph T. C. Wobbe
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$32,750.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$
For last calendar year: (January 1 to December 31, 2018) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$103,794.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$
For the calendar year before that: (January 1 to December 31, 2017) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$111,244.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☒ No☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$		\$
		\$		\$
		\$		\$
For last calendar year: (January 1 to December 31,) YYYY		\$		\$
		\$		\$
		\$		\$
For the calendar year before that: (January 1 to December 31,) YYYY		\$		\$
		\$		\$
		\$		\$

Debtor 1 Joseph T. C. Wobbe
First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Wells Fargo Home Mortgage <small>Creditor's Name</small>	07/22/19	\$7,813.92	\$553,124.00	<input checked="" type="checkbox"/> Mortgage
Attn: Bankruptcy <small>Number Street</small>	06/20/19			<input type="checkbox"/> Car
8480 Stagecoach Circle				<input type="checkbox"/> Credit card
Frederick MD 21701 <small>City State ZIP Code</small>				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
		\$ _____	\$ _____	<input type="checkbox"/> Mortgage
<small>Creditor's Name</small>				<input type="checkbox"/> Car
<small>Number Street</small>				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
<small>City State ZIP Code</small>				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
		\$ _____	\$ _____	<input type="checkbox"/> Mortgage
<small>Creditor's Name</small>				<input type="checkbox"/> Car
<small>Number Street</small>				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
<small>City State ZIP Code</small>				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name Number Street City State ZIP Code		\$	\$	
Insider's Name Number Street City State ZIP Code		\$	\$	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name Number Street City State ZIP Code		\$	\$	
Insider's Name Number Street City State ZIP Code		\$	\$	

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
- ☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
<p>Case title <u>Performance Food Group</u></p> <p><u>Inc. v. Joseph T. Wobbe</u></p> <p>Case number <u>See Attachment 1</u></p>	Warrant in Debt	<p><u>Henrico GDC</u></p> <p>Court Name</p> <p>Number Street</p> <p><u>Henrico VA 23228</u></p> <p>City State ZIP Code</p>	<p><input type="checkbox"/> Pending</p> <p><input type="checkbox"/> On appeal</p> <p><input checked="" type="checkbox"/> Concluded</p>
<p>Case title <u>United Bank v. Hugh B.</u></p> <p><u>Sager, et al.</u></p> <p>Case number <u>19-1299</u></p>	Confessed judgment	<p><u>Arlington County Circuit Court</u></p> <p>Court Name</p> <p>Number Street</p> <p><u>Arlington VA</u></p> <p>City State ZIP Code</p>	<p><input type="checkbox"/> Pending</p> <p><input type="checkbox"/> On appeal</p> <p><input checked="" type="checkbox"/> Concluded</p>

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
- ☒ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
<p><u>Michigan State University FCU</u></p> <p>Creditor's Name</p> <p><u>3777 West Road</u></p> <p>Number Street</p> <p><u>East Lansing MI 48823</u></p> <p>City State ZIP Code</p>	29 foot Keystone Cougar camper trailer	<u>3/2019</u>	<u>\$4,860.00</u>
	<p>Explain what happened</p> <p><input checked="" type="checkbox"/> Property was repossessed.</p> <p><input type="checkbox"/> Property was foreclosed.</p> <p><input type="checkbox"/> Property was garnished.</p> <p><input type="checkbox"/> Property was attached, seized, or levied.</p>		
	<p>Describe the property</p> <p></p> <p>Explain what happened</p> <p><input type="checkbox"/> Property was repossessed.</p> <p><input type="checkbox"/> Property was foreclosed.</p> <p><input type="checkbox"/> Property was garnished.</p> <p><input type="checkbox"/> Property was attached, seized, or levied.</p>		\$

Debtor 1 Joseph T. C. Wobbe
 First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

		Describe the action the creditor took	Date action was taken	Amount
Creditor's Name				
Number	Street			\$ _____
City	State ZIP Code			

Last 4 digits of account number: XXXX-__ __ __ __

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
City State ZIP Code			
Person's relationship to you			

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$
			\$
City State ZIP Code			

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
			\$

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

See Attachment 2 Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
1114 Fairfax Pike, Suite 10 Number Street		08/20/19	\$2,340.00
White Post VA 22663- City State ZIP Code			\$
douglasharold@verizon.net Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<p>Person Who Was Paid</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Email or website address</p> <p>Person Who Made the Payment, if Not You</p>		\$
		\$

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<p>Person Who Was Paid</p> <p>Number Street</p> <p>City State ZIP Code</p>		\$
		\$

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
<p>Person Who Received Transfer</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Person's relationship to you</p>		
<p>Person Who Received Transfer</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Person's relationship to you</p>		

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

Name of trust

Description and value of the property transferred

Date transfer was made

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

XXXX-__ __ __ __

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other

Number Street

City

State

ZIP Code

Name of Financial Institution

XXXX-__ __ __ __

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other

Number Street

City

State

ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Name

Number Street

Number Street

City

State

ZIP Code

City State ZIP Code

☒ No

☐ Yes

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?☒ No☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility Number Street City State ZIP Code		Name Number Street CityState ZIP Code	<input type="checkbox"/> No <input type="checkbox"/> Yes

Part 9: Identify Property You Hold or Control for Someone Else**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**☒ No☐ Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name Number Street City State ZIP Code	 	\$ _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?☒ No☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site Number Street City State ZIP Code	Governmental unit Number Street City State ZIP Code	

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		
City State ZIP Code	City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
	Court Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Number Street		
Case number	City State ZIP Code		

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Manna Group LLC Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
437 S Royal Ave, Ste E Number Street	Food service	EIN: 2 6 - 3 8 9 9 9 7 4
Front Royal VA 22630 City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
		From 2009 To Continuing
Joes Dockside LLC Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
437 S Royal Ave, Ste E Number Street	Food service	EIN: 2 7 - 4 8 3 1 7 4 7
Front Royal VA 22630 City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
		From 2011 To Continuing

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

Piccadilly Mansion LLC

Business Name

437 S Royal Ave, Ste E

Number Street

Front Royal VA 22630

City

State

ZIP Code

Describe the nature of the business

Food service

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 4 6 - 0 7 1 1 2 7 5

Dates business existed

From 2013 To Continuing

See Attachment 3

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☐ No

☒ Yes. Fill in the details below.

Date issued

Business Finance Group

Name

See 4

MM / DD / YYYY

3980 Pender Drive, Suite 300

Number Street

Fairfax VA 22030

City

State

ZIP Code

See Attachment 5

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/Joseph T. C. Wobbe

Signature of Debtor 1

X

Signature of Debtor 2

Date 08/21/2019

Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Attachment
Debtor: Joseph T. C. Wobbe Case No:

Attachment 1

GV18-16588-00 & 16589-00

Attachment 2

Douglas W. Harold, Jr., Attorney at Law.

Attachment 3

Additional Businesses Debtor Has or Had an Interest In:

Business Name: Olde Town Gelatoria LLC

Address: 437 S Royal Ave, Ste E, Front Royal, VA 22630

Nature of Business: Food service

Accountant or Bookkeeper:

EIN: 47-1920389

Business Existed From: 2015 to Continuing

Business Name: Joes Staunton LLC

Address: 437 S Royal Ave, Ste E, Front Royal, VA 22630

Nature of Business: Food service

Accountant or Bookkeeper:

EIN: 46-5552545

Business Existed From: 2016 to Continuing

Business Name: Joes Griddle N Grill LLC

Address: 437 S Royal Ave, Ste E, Front Royal, VA 22630

Nature of Business: Food service

Accountant or Bookkeeper:

EIN: 47-2426744

Business Existed From: 2016 to Continuing

Attachment 4

January 2018 & 2019

Attachment 5 Additional Financial Statements Given

Name: Internal Revenue Service

Address: Baltimore, MD

Issued: October 2018

☐ Check if this is an amended filing

12/15

Debtor 1

Joseph
First Name

T. C.
Middle Name

Wobbe
Last Name

Case number (if known)

1.3. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property** (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____ →

\$799,400.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

3.1. Make: BMW
Model: X-5
Year: 2012
Approximate mileage: 110,000
Other information:

Good shape - owe \$17,405.71

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$8,400.00 \$8,400.00

If you own or have more than one, describe here:

3.2. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

Debtor 1

Joseph
First Name

T. C.
Middle Name

Wobbe
Last Name

Case number (if known)

3.3. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

3.4. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. Make: _____
Model: _____
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
Model: _____
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$8,400.00

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known) _____

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.....

See Attachment 2

\$3,500.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....

Two televisions, laptop computer w/ printer

\$225.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....

\$

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe.....

Golf clubs, baseball gloves, football

\$175.00

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☐ No☒ Yes. Describe.....

0.32 caliber Ruger P130 pistol, .357 Ruger magnum pistol, Mongoose 20 gauge single-barrel shotgun

\$750.00

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....

Clothing

\$500.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....

Wedding ring (\$100); Silver necklace, crucifix & Virgin Mary medallion

\$200.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.....

Misc domestic pets

\$250.00

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific information.....

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$5,600.00

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes Cash: \$**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

17.1. Checking account:	<u>Bank of America</u>	<u>\$2,700.00</u>
17.2. Checking account:	<u>United Bank</u>	<u>\$52.00</u>
17.3. Savings account:	<u>Bank of America</u>	<u>\$57.00</u>
17.4. Savings account:	_____	<u>\$ _____</u>
17.5. Certificates of deposit:	_____	<u>\$ _____</u>
17.6. Other financial account:	_____	<u>\$ _____</u>
17.7. Other financial account:	_____	<u>\$ _____</u>
17.8. Other financial account:	_____	<u>\$ _____</u>
17.9. Other financial account:	_____	<u>\$ _____</u>

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes

Institution or issuer name:

_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific information about them.

Name of entity:

% of ownership:

<u>See Attachment 3 - Summary of Business Interests</u>	<u>50</u> %	<u>\$0.00</u>
<u>Joes Griddle N Grill LLC</u>	<u>100</u> %	<u>\$1.00</u>
_____	_____ %	<u>\$ _____</u>

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.

Issuer name:

\$ _____

\$ _____

\$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each account separately..

Type of account:

Institution name:

401(k) or similar plan: _____ \$ _____
 Pension plan: _____ \$ _____
 IRA: _____ \$ _____
 Retirement account: _____ \$ _____
 Keogh: _____ \$ _____
 Additional account: _____ \$ _____
 Additional account: _____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No☒ Yes.....

Institution name or individual:

Electric: _____ \$ _____
 Gas: _____ \$ _____
 Heating oil: _____ \$ _____
 Security deposit on rental unit: T. G. Land Holdings,, LLC \$2,300.00
 Prepaid rent: _____ \$ _____
 Telephone: _____ \$ _____
 Water: _____ \$ _____
 Rented furniture: _____ \$ _____
 Other: _____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

\$ _____

\$ _____

\$ _____

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____ \$ _____

_____ \$ _____

_____ \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them. ...

_____ \$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

_____ \$ _____

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

_____ \$ _____

Money or property owed to you?**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____

State: \$ _____

Local: \$ _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.

Alimony: \$ _____

Maintenance: \$ _____

Support: \$ _____

Divorce settlement: \$ _____

Property settlement: \$ _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.

_____ \$ _____

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes. Describe each claim.

\$ _____

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information.

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$5,110.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe

\$ _____

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☒ No☐ Yes. Describe

\$ _____

Debtor 1 Joseph T. C. Wobbe Case number (if known) _____
First Name Middle Name Last Name

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No
☐ Yes. Describe \$ _____

41. Inventory

☒ No
☐ Yes. Describe \$ _____

42. Interests in partnerships or joint ventures

☒ No
☐ Yes. Describe Name of entity: % of ownership:
 _____ % \$ _____
 _____ % \$ _____
 _____ % \$ _____

43. Customer lists, mailing lists, or other compilations

☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☒ No
☐ Yes. Describe..... \$ _____

44. Any business-related property you did not already list

☒ No
☐ Yes. Give specific information \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here → **\$0.00**

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No
☐ Yes..... \$ _____

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known) _____

48. Crops—either growing or harvested☒ No☐ Yes. Give specific
information.

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade☒ No☐ Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed☒ No☐ Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list☒ No☐ Yes. Give specific
information.

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific
information.

\$ _____

\$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$ _____

Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2**

\$799,400.00

56. Part 2: Total vehicles, line 5 \$8,400.00**57. Part 3: Total personal and household items, line 15** \$5,600.00**58. Part 4: Total financial assets, line 36** \$5,110.00**59. Part 5: Total business-related property, line 45** \$0.00**60. Part 6: Total farm- and fishing-related property, line 52** \$0.00**61. Part 7: Total other property not listed, line 54** +\$0.00**62. Total personal property.** Add lines 56 through 61.\$19,110.00

Copy personal property total

+\$19,110.00**63. Total of all property on Schedule A/B.** Add line 55 + line 62.\$818,510.00

Attachment
Debtor: Joseph T. C. Wobbe Case No:

Attachment 1

Subject to 1st mortgage of \$553,124.00; three judgment liens totaling \$14,478.42 (not including costs & interest); and two federal tax liens totaling \$110,777.40 (combined total = \$678,379.72)

Attachment 2

Five bedroom sets, living room furniture, dining room set, kitchen equipment, three refrigerators, freezer, small kitchen and household electrical appliances, patio furniture, yard tools, wood splitter, sewer line router, portable generator

Joseph T.C. Wobbe – Attachment 3 to Schedule A/B - Summary of Business Interests

<u>Name/Ownership</u>	<u>Assets</u>	<u>Obligations and Notes</u>
Olde Town Gelatoria LLC (half interest w/ Hugh Sager)	Potential claim against Chef's Market, LLC (defaulting sub-tenant) for unpaid and future rent (\$48,518)	\$48,518 - potential past-due and future rent owed to Taylor Master Tenant, LLC Note: Net value = \$0.00
Manna Group LLC (half interest w/ Hugh Sager)	Commercial building at 124/126 S. Main Street, Woodstock VA 22664 (tax value = \$324.1k); kitchen equipment (value = \$25k); furniture (value= \$1.0k); small outbuilding (\$500);	First Bank (1 st , 2 nd and 3 rd mortgages = \$335,814.37 total); Shenandoah County real estate taxes (\$6,021.71); Town of Woodstock water bill (\$160.46); Town of Woodstock real property taxes (\$1,524.44); Performance Food Group (\$8,349.53); Karchem (\$242.82); Virginia trust fund (withholding) taxes (\$29,773.62); IRS (\$26,000); Dominion Virginia Power (\$2,125.21); misc other operational debts (\$11,937) Note 1: Net value = \$0.00 Note 2: Chophouse, LLC is currently a tenant of this facility, with a forbearance agreement w/ First Bank, under which Chophouse pays \$3,500 monthly to First Bank for rent.
Joes Staunton LLC (half interest w/ Hugh Sager)	Potential claim against defaulting sub-tenant (Mark Smith) for 10 months rent (\$75,000) plus costs and attorney fees.	SBA loan (now with Coast Professional, Inc.) (\$414,683.05); Promissory note to Spring Lane Staunton LLC (\$40,242.52); IRS payroll tax debt (\$53,945) Note: Net value = \$0.00
Joes Griddle & Grill LLC (wholly owned by Debtor)	Rented turn-key facility – no equipment or real estate owned by company. Only assets are Point of Sale hardware (\$1,000); food inventory (mostly perishable – approximate value = \$6,000); operating, management and payroll accounts at Atlantic Union Bank (approximately \$3,000); lease agreement for restaurant facility w/ Holtzman Corporation through January 2026; lease agreement w/ 6 Cardinal Park LLC for Front Royal office space through June 30, 2020; misc office equipment at Front Royal office (\$1,500)	Accrued and current payroll obligations, withholding taxes, misc operating expenses; monthly rent for restaurant facility (7.50% of monthly gross income); monthly rent for Front Royal office (\$450); IRS payroll taxes (\$25,570.26) Note: Net value = \$0.00
Joes Dockside LLC (half interest w/ Hugh Sager)	No assets – in Chapter 7 Bankruptcy (Case No. 19-50303 – no asset case)	Obligations as listed in bankruptcy petition. Note: Net value = \$0.00

Piccadilly Mansion LLC (half interest w/ Hugh Sager)	No assets – Previously-owned commercial building at 25 West Piccadilly Street, Winchester VA 22601 (tax value = \$802,100) and kitchen fixtures sold for \$680,000 on August 16, 2019	BB&T Bank (\$476,920); SBA (\$563,031.66); IRS payroll taxes (approximately \$55,000); private promissory note to Sharon McCarthy (\$80,833); other operating debts/obligations (\$45,980) Note: Net value = \$0.00
--	---	---

Certified under penalty of perjury to be true and accurate to the best of my knowledge, belief and recall:

Date: August 20, 2019

/s/ Joseph Thomas Christopher Wobbe
Joseph Thomas Christopher Wobbe

Fill in this information to identify your case:

Debtor 1 Joseph T. C. Wobbe
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number
 (If known)

☐ Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: <u>Front Royal house</u> Line from Schedule A/B: <u>1.0</u>	<u>\$639,600.00</u>	<input checked="" type="checkbox"/> \$ <u>1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>CV § 34-4</u>
Brief description: <u>2012 BMW</u> Line from Schedule A/B: <u>3.1</u>	<u>\$8,400.00</u>	<input checked="" type="checkbox"/> \$ <u>6,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>CV § 34-26(8)</u>
Brief description: <u>Household goods</u> Line from Schedule A/B: <u>6</u>	<u>\$3,500.00</u>	<input checked="" type="checkbox"/> \$ <u>3,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>CV § 34-26(4a)</u>

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 Joseph T. C. Wobbe
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Brief description: <u>Electronic items</u> Line from <i>Schedule A/B</i> : <u>7</u>	\$225.00	<input checked="" type="checkbox"/> \$ 225.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-26(4a)
Brief description: <u>Firearms</u> Line from <i>Schedule A/B</i> : <u>10</u>	\$750.00	<input checked="" type="checkbox"/> \$ 750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-26(4b)
Brief description: <u>Clothing</u> Line from <i>Schedule A/B</i> : <u>11</u>	\$500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-26(4)
Brief description: <u>Wedding ring</u> Line from <i>Schedule A/B</i> : <u>12</u>	\$100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-26(1a)
Brief description: <u>Religious icons</u> Line from <i>Schedule A/B</i> : <u>12</u>	\$100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-4
Brief description: <u>Pets</u> Line from <i>Schedule A/B</i> : <u>13</u>	\$250.00	<input checked="" type="checkbox"/> \$ 250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-26(5)
Brief description: <u>Bank of America checking</u> Line from <i>Schedule A/B</i> : <u>17.1</u>	\$2,700.00	<input checked="" type="checkbox"/> \$ 2,700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-4
Brief description: <u>Bank of America savings account</u> Line from <i>Schedule A/B</i> : <u>17.3</u>	\$57.00	<input checked="" type="checkbox"/> \$ 57.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-4
Brief description: <u>United Bank checking account</u> Line from <i>Schedule A/B</i> : <u>17.2</u>	\$52.00	<input checked="" type="checkbox"/> \$ 52.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-4
Brief description: <u>See Attachment 1</u> Line from <i>Schedule A/B</i> : <u>22</u>	\$2,300.00	<input checked="" type="checkbox"/> \$ 2,300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-4
Brief description: <u>Misc business interests</u> Line from <i>Schedule A/B</i> : <u>19</u>	\$0.00	<input checked="" type="checkbox"/> \$ 1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-4
Brief description: <u>100% interest in Joes Griddle N Grill, LLC</u> Line from <i>Schedule A/B</i> : <u>19</u>	\$1.00	<input checked="" type="checkbox"/> \$ 1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CV § 34-4

Attachment
Debtor: Joseph T. C. Wobbe Case No:

Attachment 1

Deposit on potential rental house - debtor and family will move in if they are not able to keep their principal residence following bankruptcy.

Fill in this information to identify your case:

Debtor 1 Joseph T. C. Wobbe
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1	Bank of America <small>Creditor's Name</small> Attn: Bankruptcy <small>Number Street</small> PO Box 31785 Tampa FL 33631 <small>City State ZIP Code</small>	Describe the property that secures the claim: Woodstock house (vacant)	\$70,318.47	\$159,800.00	\$70,318.47
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred <u>2008</u>					
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
Last 4 digits of account number <u>2 1 7 3</u>					
2.2	Specialized Loan Servicing, LLC <small>Creditor's Name</small> PO Box 630145 <small>Number Street</small> Littleton CO 80163 <small>City State ZIP Code</small>	Describe the property that secures the claim: Woodstock house (vacant)	\$180,783.55	\$159,800.00	\$20,983.55
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred <u>2005</u>					
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
Last 4 digits of account number <u>4 0 3 7</u>					
Add the dollar value of your entries in Column A on this page. Write that number here:			\$251,102.02		

Debtor 1 Joseph T. C. Wobbe
First Name Middle Name Last Name

Case number (if known) _____

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.3	Wells Fargo Dealer Services Creditor's Name See Attachment 1 Number Street PO Box 168048 Irving TX 75016 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>2016</u> Describe the property that secures the claim: 2012 BMW X-5 with 110,000 miles. As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number <u>8</u> <u>0</u> <u>7</u> <u>6</u>	\$17,405.71	\$8,400.00	\$9,005.71
2.4	Wells Fargo Home Mortgage Creditor's Name Attn: Bankruptcy Number Street 8480 Stagecoach Circle Frederick MD 21701 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>8/2015</u> Describe the property that secures the claim: Front Royal house As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number <u>3</u> <u>1</u> <u>5</u> <u>1</u>	\$553,124.90	\$639,600.00	\$0.00
2.5	Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Describe the property that secures the claim: _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____	\$	\$	\$
Add the dollar value of your entries in Column A on this page. Write that number here:		\$570,530.61		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$821,632.63		

Debtor 1 Joseph T. C. Wobbe Case number (if known) _____
 First Name Middle Name Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/> Wells Fargo Home Mortgage Name _____ _____ Attn: Bankruptcy Number _____ Street _____ _____ PO Box 10335 _____ Des Moines IA 50306 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>24</u> Last 4 digits of account number <u>3</u> <u>1</u> <u>5</u> <u>1</u>
<input type="checkbox"/> Name _____ _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____

Attachment
Debtor: Joseph T. C. Wobbe Case No:

Attachment 1

Attn: Correspondence - MAC T9017-026

Fill in this information to identify your case:

Debtor 1 Joseph T. C. Wobbe
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<p>IRS Priority Creditor's Name Centralized Insolvency Operation Number Street PO Box 7346 Philadelphia PA 19101 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Last 4 digits of account number <u>7 4 5 9</u>	\$114,299.68	\$114,299.68	\$0.00
	<p>When was the debt incurred? <u>2017-18</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p>				
2.2	<p>Town of Front Royal Priority Creditor's Name 102 E. Main Street Number Street Front Royal VA 22630 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Last 4 digits of account number <u>7 4 5 9</u>	\$Unknown	\$Unknown	\$Unknown
	<p>When was the debt incurred? <u>2014-18</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p>				

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

2.3

Treasurer, City of Winchester

Priority Creditor's Name

Rouss City Hall

Number Street

15 North Cameron Street

Winchester

VA

22601

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 1 2 7 5

\$18,250.00

\$18,250.00

\$0.00

When was the debt incurred? 2017 - 19

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.4

Treasurer, Shenandoah County

Priority Creditor's Name

600 North Main Street, Ste 105

Number Street

Woodstock

VA

22664

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 9 9 7 4

\$6,022.00

\$6,022.00

\$0.00

When was the debt incurred? 2016 - 18

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.5

Treasurer, Town of Woodstock

Priority Creditor's Name

135 North Main Street

Number Street

Woodstock

VA

22664

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 9 9 7 4

\$1,800.00

\$1,800.00

\$0.00

When was the debt incurred? 2016 - 18

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

Debtor 1

Joseph

T. C.

Wobbe

First Name

Middle Name

Last Name

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

2.6

Virginia Department of Taxation

Priority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 1115

Richmond

VA

23218

City

State

ZIP Code

Last 4 digits of account number 7 4 5 9

\$110,000.00 \$110,000.00 \$0.00

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

2.7

Warren County Treasurer

Priority Creditor's Name

PO Box 1540

Number Street

Front Royal

VA

22630

City

State

ZIP Code

Last 4 digits of account number 7 4 5 9

\$3,675.00 \$3,675.00 \$0.00

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

2.8

Priority Creditor's Name

Number Street

City

State

ZIP Code

Last 4 digits of account number _____

\$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Bank of America Nonpriority Creditor's Name Attn: Bankruptcy 4909 Savarese Circle Number Street Tampa FL 33634 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0 0 4 9 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal credit card	\$1,900.00
4.2	Bank of Clarke County Nonpriority Creditor's Name c/o Michael Bryan, Esq. 116 S. Braddock St. Number Street Winchester VA 22601 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Guarantor - business debt	\$641,475.06
4.3	BB&T Bank Nonpriority Creditor's Name Attn: Bankruptcy PO Box 1847 Number Street Wilson NC 27894 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Guarantor - business debt	\$476,920.00

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4

Business Finance Group

Nonpriority Creditor's Name

Attn: Bankruptcy 3980 Pender Drive, Suite 300

Number Street

Fairfax

VA 22030

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$125,500.45

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.☒ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Guarantor - business debt

4.5

Capital One

Nonpriority Creditor's Name

Attn: Bankruptcy PO Box 30285

Number Street

Salt Lake City

UT 84130

City

State

ZIP Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 5 8 2 3

\$4,379.65

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal credit card

4.6

Capital One

Nonpriority Creditor's Name

Attn: Bankruptcy PO Box 30285

Number Street

Salt Lake City

UT 84130

City

State

ZIP Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 4 3 3 8

\$3,538.60

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal credit card

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.7

Coastal Sunbelt Produce Co.

Nonpriority Creditor's Name

c/o Marion Dere Muller, LLC 17 West Jefferson St, Ste 100

Number Street

Rockville

MD

20850

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$15,289.07

When was the debt incurred? 2017-18

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Guarantor - business debt

4.8

First Bank

Nonpriority Creditor's Name

112 West King Street

Number Street

Strasburg

VA

22657

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$335,814.37

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Guarantor - business debt

4.9

Hugh B. Sager

Nonpriority Creditor's Name

1729 Stony Creek Drive

Number Street

Charlottesville

VA

22902

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$Unknown

When was the debt incurred? 2009 - 19

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Potential LLC indemnity claim

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10

John Lancaster

Nonpriority Creditor's Name

PO Box 2222

Number Street

Front Royal

VA

22630

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$1,000.00

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Business debt

4.11

Kenneth and Judy McDyer

Nonpriority Creditor's Name

10331 Pine Forest Road

Number Street

Houston

TX

77042

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$6,328.00

When was the debt incurred? 2008

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Business loan

4.12

Michigan State University FCU

Nonpriority Creditor's Name

3777 West Road

Number Street

East Lansing

MI

48823

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$4,000.00

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Repossessed camper

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13

People Incorporated Financial Services

Nonpriority Creditor's Name

Attn: Bankruptcy 1173 West Main Street

Number Street

Abingdon

VA

24210

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 0 7 3 7

\$14,471.10

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Guarantor - business debts

4.14

People, Inc.

Nonpriority Creditor's Name

Attn: Bankruptcy 1173 West Main Street

Number Street

Abingdon

VA

24210

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 0 7 3 6

\$3,514.42

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Guarantor - business debt

4.15

Performance Food Group

Nonpriority Creditor's Name

c/o Sands Anderson, PC PO Box 1998

Number Street

Richmond

VA

23218

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$32,444.80

When was the debt incurred? 2017-18

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Guarantor - business debt

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16

RAC Security Systems, Inc.

Nonpriority Creditor's Name

315 W. 14th Street

Number Street

Front Royal

VA

22630

City

State

ZIP Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 1 0 0 4

\$2,485.59

When was the debt incurred? 2018**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Business debt

4.17

Republic Services

Nonpriority Creditor's Name

403 Lenoir Drive

Number Street

Winchester

VA

22603

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 9 5 5 5

\$2,000.00

When was the debt incurred? 2018-19**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Guarantor - business debt

4.18

Sharon McCarthy

Nonpriority Creditor's Name

610 Cobb Court

Number Street

Woodstock

VA

22664

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number _____

\$80,000.00

When was the debt incurred? 2011**As of the date you file, the claim is:** Check all that apply.☒ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Business loan

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim**4.19****Small Business Administration**

Nonpriority Creditor's Name

c/o Coast Professional, Inc. 214 Expo Circle, Suite 7

Number Street

West Monroe

LA

71292

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number ____

\$1,058,303.00

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.☒ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Guarantor - SBA loans**4.20****Spring Lane Staunton, LLC**

Nonpriority Creditor's Name

c/o Newell and Fran Coble 295 Lee Jackson Highway

Number Street

Staunton

VA

22401

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number ____

\$40,242.52

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.☒ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Business debt**4.21****Taylor Master Tenant, LLC**

Nonpriority Creditor's Name

836 N. Lexington Street

Number Street

Arlington

VA

22205

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number ____

\$48,518.00

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.☒ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Business debt - lease

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.22

United Bank

Nonpriority Creditor's Name

Attn: Bankruptcy 300 Warren Avenue

Number Street

Front Royal

VA

22630

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 7 4 5 9

\$49,106.79

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Guarantor - business debts

4.23

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

4.24

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Bank of America

Name

Attn: Bankruptcy

Number Street

PO Box 982235

El Paso, Texas 79998

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 0 0 4 9

Bank of America

Name

100 N. Tryon Street

Number Street

Charlotte, NC 28255

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 0 0 4 9

Bank of Clarke County

Name

Attn: Bankruptcy

Number Street

2 East Main Street

Berryville, Virginia 22611

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

Name

BB&T

Number Street

PO Box 580050

Charlotte, NC 28258

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

Name

Coastal Sunbelt Produce Co.

Number Street

8704 Bollman Place

Savage, MD 20763

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

Name

Performance Food Group

Number Street

7420 Ranco Road

Richmond, VA 23228

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

Name

CPI - SBA

Number Street

4273 Volunteer Road

Geneseo, NY 14454

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

Debtor 1

Joseph
First NameT. C.
Middle NameWobbe
Last Name

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name

Coast Professional Inc.

Number Street

PO Box 979128

St. Louis, MO 63197

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

Name

The Trustees of Fultz, II, Inc.

Number Street

2915 Lee Jackson Highway

Staunton, VA 22401

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Taylor Master Tenant, LLC

Number Street

120 N. Indian Alley

Winchester, VA 22601

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Unite Bank

c/o Neil I. Title, Esq.

Number Street

PO Box 990

Arlington, VA 22216

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 7 4 5 9

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Debtor 1

Joseph

T. C.

Wobbe

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claim**Total claims from Part 1**

6a. Domestic support obligations

6a. \$0.00

6b. Taxes and certain other debts you owe the government

6b. \$254,046.68

6c. Claims for death or personal injury while you were intoxicated

6c. \$0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$0.00

6e. Total. Add lines 6a through 6d.

6e. \$254,046.68

Total claim**Total claims from Part 2**

6f. Student loans

6f. \$0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$2,947,231.42

6j. Total. Add lines 6f through 6i.

6j. \$2,947,231.42

Fill in this information to identify your case:

Debtor **Joseph T. C. Wobbe**
First Name Middle Name Last Name

Debtor 2
 (Spouse If filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western District of Virginia**

Case number
 (If known) _____

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	TG Land Holdings, LLC Name 593 Main Street Number Street Mt. Jackson VA 22842 City State ZIP Code	Contract for rental home for debtor and family - entered into to ensure that housing would be available if principal residence in Front Royal is taken by trustee to pay toward debts.
2.2	Name Number Street City State ZIP Code	
2.3	Name Number Street City State ZIP Code	
2.4	Name Number Street City State ZIP Code	
2.5	Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 **Joseph T. C. Wobbe**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western District of Virginia**

Case number
 (If known) _____

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Hugh B. Sager

Name

1729 Stony Creek Drive

Number Street

Charlottesville

VA

22902

City

State

ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **See Attachment 1**

☐ Schedule G, line _____

3.2

Joe's Dockside, LLC

Name

437 S. Royal Ave, Ste E

Number Street

Front Royal

VA

22630

City

State

ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **See Attachment 2**

☐ Schedule G, line _____

3.3

Joe's Staunton, LLC

Name

437 S. Royal Ave, Ste E

Number Street

Front Royal

VA

22630

City

State

ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **4.19, 4.20**

☐ Schedule G, line _____

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known) _____

Additional Page to List More Codebtors*Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*

Check all schedules that apply:

3.4**Manna Group, LLC**

Name

437 S. Royal Ave, Ste E

Number Street

Front Royal**VA****22630**

City

State

ZIP Code

☐ Schedule D, line _____☒ Schedule E/F, line **2.4, 4.8**☐ Schedule G, line _____**3.5****Olde Town Gelatoria, LLC**

Name

437 S. Royal Ave, Ste E

Number Street

Front Royal**VA****22630**

City

State

ZIP Code

☐ Schedule D, line _____☒ Schedule E/F, line **2.3, 2.5, 4.21**☐ Schedule G, line _____**3.6****Piccadilly Mansion, LLC**

Name

437 S. Royal Ave, Ste E

Number Street

Front Royal**VA****22630**

City

State

ZIP Code

☐ Schedule D, line _____☒ Schedule E/F, line **4.3, 4.19**☐ Schedule G, line _____**3.7**

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____**3.8**

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____**3.9**

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____**3.10**

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____**3.11**

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

Attachment
Debtor: Joseph T. C. Wobbe Case No:

Attachment 1

4.22, 4.13, 4.14, 4.2, 4.4, 4.3, 4.18, 4.7, 4.15, 4.19, 4.20, 4.8, 4.17, 4.10, 4.11, 4.21

Attachment 2

2.1, 2.6, 2.2, 4.22, 4.13, 4.14, 4.2, 4.4, 4.18, 4.15, 4.17, 4.10

page 1

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔ 4.	\$9,191.67	\$500.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$747.45	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.00	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. + \$0.00	+ \$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$747.45	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$8,444.22	\$500.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. + \$0.00	+ \$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$8,444.22	\$500.00
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$8,944.22	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Attachment
Debtor: Joseph T. C. Wobbe Case No:

Attachment 1

Occupation: Consultant/Manager
Employer's Name: Brix 27 LLC
Address: 126 East Burke Street
Martinsburg, WV 25401
Duration of Employment: 2 years

Attachment 2: Additional Notes

Debtor currently takes an owners draw of \$1,300 per week (\$5,633.33/month) from Joes Griddle & Grill LLC, plus a salary of \$575/week (net = \$402.51/week = \$1,744.20/month) from Brix 27 LLC. However, income stated in this Schedule I is the estimated maximum amount from Joes Griddle & Grill LLC (\$6,700/month) that debtor could realistically draw and still operate the business successfully, plus his current salary from Brix 27 LLC.

Fill in this information to identify your case:

Debtor 1 **Joseph T. C. Wobbe**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western District of Virginia**

Case number
 (If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

17

☐ No

☒ Yes

Son

15

☐ No

☒ Yes

Son

13

☐ No

☒ Yes

Daughter

11

☐ No

☒ Yes

Daughter

9

☐ No

☒ Yes

See Attachment 1

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. **\$3,906.96****If not included in line 4:**

4a. Real estate taxes

4a. **\$0.00**

4b. Property, homeowner's, or renter's insurance

4b. **\$0.00**

4c. Home maintenance, repair, and upkeep expenses

4c. **\$100.00**

4d. Homeowner's association or condominium dues

4d. **\$20.00**

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

	Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. <u>\$600.00</u>
6b. Water, sewer, garbage collection	6b. <u>\$0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$250.00</u>
6d. Other. Specify: _____	6d. <u>\$0.00</u>
7. Food and housekeeping supplies	7. <u>\$1,800.00</u>
8. Childcare and children's education costs	8. <u>\$0.00</u>
9. Clothing, laundry, and dry cleaning	9. <u>\$200.00</u>
10. Personal care products and services	10. <u>\$200.00</u>
11. Medical and dental expenses	11. <u>\$200.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$350.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$100.00</u>
14. Charitable contributions and religious donations	14. <u>\$0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. <u>\$0.00</u>
15b. Health insurance	15b. <u>\$289.00</u>
15c. Vehicle insurance	15c. <u>\$253.00</u>
15d. Other insurance. Specify: _____	15d. <u>\$0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Car taxes, tags & inspections	16. <u>\$135.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. <u>\$0.00</u>
17b. Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c. Other. Specify: _____	17c. <u>\$</u>
17d. Other. Specify: _____	17d. <u>\$</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u>\$0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. <u>\$0.00</u>
20b. Real estate taxes	20b. <u>\$0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e. Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: **See Attachment 2**

21. **+\$1,250.00**

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$9,653.96

\$

22. **\$9,653.96**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23b. Copy your monthly expenses from line 22 above.

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23a. **\$8,944.22**

23b. **-\$9,653.96**

23c. **\$-709.74**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Attachment
Debtor: Joseph T. C. Wobbe Case No:

Attachment 1

Relationship: Daughter
Age: 5
This dependent lives with debtor.

Attachment 2

Description: Back tax payments to IRS
Amount: 500.00

Description: Back state tax payments
Amount: 750.00

Attachment 3: Additional Notes

Debtor is obligated for vehicle payments on his 2012 BMW X5 of \$473.50 per month to Wells Fargo Dealer Services - however, his company (Joes Griddle N Grill LLC) makes those payments. He owns a separate house in Shenandoah County, which is underwater and is approximately 8 months behind on the mortgage payments - he is surrendering that house.

Fill in this information to identify your case:

Debtor 1 **Joseph T. C. Wobbe**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western District of Virginia**

Case number (If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from *Schedule A/B*..... \$ **799,400.00**

1b. Copy line 62, Total personal property, from *Schedule A/B*..... \$ **19,110.00**

1c. Copy line 63, Total of all property on *Schedule A/B*..... \$ **818,510.00**

Part 2: Summarize Your Liabilities**Your liabilities**

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D*..... \$ **821,632.63**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*..... \$ **254,046.68**

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*..... + \$ **2,947,231.42**

Your total liabilities\$ **4,022,910.73****Part 3: Summarize Your Income and Expenses**4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of *Schedule I*..... \$ **8,944.22**

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of *Schedule J*..... \$ **9,653.96**

Debtor 1

Joseph T. C. Wobbe

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ _____

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.

Total claim

From Part 4 on *Schedule E/F*, copy the following:

- 9a. Domestic support obligations (Copy line 6a.) \$ _____
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ _____
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ _____
- 9d. Student loans. (Copy line 6f.) \$ _____
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ _____
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ _____
- 9g. **Total.** Add lines 9a through 9f. \$ _____

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION

In re **Joseph T. C. Wobbe**

Case No. _____

Debtor

Chapter **7** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$2,340.00** _____

Prior to the filing of this statement I have received **\$2,340.00** _____

Balance Due **\$0.00** _____

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Post § 341 Meeting matters; adversary proceedings; court appearances

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 21, 2019
Date

/s/Douglas W. Harold, Jr.
Signature of Attorney

Douglas W. Harold, Jr., Attorney at Law.
Name of law firm

Fill in this information to identify your case:

Debtor 1 Joseph T. C. Wobbe
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/Joseph T. C. Wobbe
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 08/21/2019
MM / DD / YYYY

Date _____
MM / DD / YYYY

UNITED STATES BANKRUPTCY COURT
Western District of Virginia
Harrisonburg Division

In re: Joseph T. C. Wobbe
Debtors

Case No. _____
Chapter 7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: August 21, 2019

Signed: /s/Joseph T. C. Wobbe

Dated: _____

Signed: _____

Bank of America
Attn: Bankruptcy
PO Box 31785
Tampa,FL 33631

Bank of America
Attn: Bankruptcy
4909 Savarese Circle
FL1-908-0
Tampa,FL 33634

Bank of America
Attn: Bankruptcy
PO Box 982235
El Paso,TX 79998

Bank of America
100 N. Tryon Street
Charlotte,NC 28255

Bank of Clarke County
c/o Michael Bryan, Esq.
116 S. Braddock St.
Winchester,VA 22601

Bank of Clarke County
Attn: Bankruptcy
2 East Main Street
Berryville,VA 22611

BB&T Bank
Attn: Bankruptcy
PO Box 1847
Wilson,NC 27894

Business Finance Group
Attn: Bankruptcy
3980 Pender Drive, Suite 300
Fairfax,VA 22030

Capital One
Attn: Bankruptcy
PO Box 30285
Salt Lake City,UT 84130

Coastal Sunbelt Produce Co.
c/o Marion Dere Muller, LLC
17 West Jefferson St, Ste 100
Rockville,MD 20850

First Bank
112 West King Street
Strasburg,VA 22657

Hugh B. Sager
1729 Stony Creek Drive
Charlottesville,VA 22902

IRS
Centralized Insolvency Operation
PO Box 7346
Philadelphia,PA 19101

John Lancaster
PO Box 2222
Front Royal,VA 22630

Kenneth and Judy McDyer
10331 Pine Forest Road
Houston,TX 77042

Michigan State University FCU
3777 West Road
East Lansing,MI 48823

People Incorporated Financial Services
Attn: Bankruptcy
1173 West Main Street
Abingdon,VA 24210

People, Inc.
Attn: Bankruptcy
1173 West Main Street
Abingdon,VA 24210

Performance Food Group
c/o Sands Anderson, PC
PO Box 1998
Richmond,VA 23218

RAC Security Systems, Inc.
315 W. 14th Street
Front Royal,VA 22630

Republic Services
403 Lenoir Drive
Winchester,VA 22603

Sharon McCarthy
610 Cobb Court
Woodstock,VA 22664

Small Business Administration
c/o Coast Professional, Inc.
214 Expo Circle, Suuite 7
West Monroe,LA 71292

Specialized Loan Servicing, LLC
PO Box 630145
Littleton,CO 80163

Spring Lane Staunton, LLC
c/o Newell and Fran Coble
295 Lee Jackson Highway
Staunton,VA 22401

Taylor Master Tenant, LLC
836 N. Lexington Street
Arlington,VA 22205

TG Land Holdings, LLC
593 Main Street
Mt. Jackson,VA 22842

Town of Front Royal
102 E. Main Street
Front Royal, VA 22630

Treasurer, City of Winchester
Rouss City Hall
15 North Cameron Street
Winchester, VA 22601

Treasurer, Shenandoah County
600 North Main Street, Ste 105
Woodstock, VA 22664

Treasurer, Town of Woodstock
135 North Main Street
Woodstock, VA 22664

Unite Bank
c/o Neil I. Title, Esq.
PO Box 990
Arlington, VA 22216

United Bank
Attn: Bankruptcy
300 Warren Avenue
Front Royal, VA 22630

Virginia Department of Taxation
Attn: Bankruptcy
PO Box 1115
Richmond, VA 23218

Warren County Treasurer
PO Box 1540
Front Royal, VA 22630

Wells Fargo Dealer Services
Attn: Correspondence - MAC T9017-026
PO Box 168048
Irving, TX 75016

Wells Fargo Home Mortgage
Attn: Bankruptcy
8480 Stagecoach Circle
Frederick, MD 21701

Wells Fargo Home Mortgage
Attn: Bankruptcy
PO Box 10335
Des Moines, IA 50306